Precious Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service:

Precious Care Services Ltd is a domiciliary care agency that provides personal care to people living in their own homes. At the time of our inspection the service was supporting 12 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found:
Systems in place to protect people from abuse were not effective. Staff were not able to demonstrate good knowledge of how to protect people from harm despite attending relevant training. The service did not ensure staff had access to current guidance about raising and responding to abuse.

People were at risk of harm because management plans put in place to mitigate risks to their welfare and safety, were not fit for purpose. Staff who carried out practical care tasks such as, using equipment to move people and administering of medicines, did so without receiving appropriate training. Unsafe recruitment practices meant the service did not make sure people received care from staff who were not suitable. The service failed to follow national guidance and best practice regarding medicine management. This resulted in unsafe and poor practices which placed people at risk of potential harm.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; as the policies and systems in the service did not support this practice.

The service failed to ensure the delivery of care was personalised to meet people's specific needs. Reviews of people's care needs and identified risks were not regularly undertaken to ensure the care delivered still met their care and support needs. People felt there were no independent channels to raise complaints. A relative commented, "I feel unable to complain because it is a family business." We found there were no effective systems to manage complaints.

There had been a significant deterioration in quality assurance systems since our last visit on 6 July 2017. The systems in place compromised the quality of care and safety of people who used the service. This was because they failed to identify and address any shortfalls in care, support and management systems. Where people were charged for the care and support received, they were not always given accurate information about the cost of their care.

People and relatives were generally happy with the care and support received. They told us staff were caring, respectful and treated them with dignity when providing intimate care. However, we were told about

one example, where a relative felt their family member's dignity was not maintained and this had caused some stress. Staff felt the service was inclusive as it was a family business.

For details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 7 September 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the full report.

Enforcement
We have identified breaches in relation to person-centred care, obtaining consent from people to receive care and support, safeguarding people from abuse, providing safe care and support to people, receiving and acting on complaints, ensuring staff are well supported and trained to provide effective care, recruiting staff that are suitable for the role, fees and good governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.
If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate

Precious Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. They made telephone calls to discuss people's experiences of the care and support received.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 30 September 2019 and ended on 2 October 2019. We visited the office location on 30 September and 2 October 2019 to see the registered manager and office staff; to review care records and policies and procedures. The EXE made telephone calls to people on 27 September and 30 September 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
Throughout the inspection we gave the registered manager opportunities to tell us what improvements they had made since our last visit.

We conducted two home visits and spoke with three people about their experience of the care provided. We spoke with six relatives on the telephone, two care staff, an office administrator, the care co-ordinator and the registered manager. We viewed nine plans of care, three staff files in relation to recruitment, two medicine administration records, induction and supervision records, training data, policies and procedures and a variety of records relating to the management of the service.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments to manage identified risks to people's welfare and safety were not always fit for purpose. This was because recorded information lacked relevant details, had missing information or contained information that related to other people.
- We looked at a plan of care whilst visiting a person in their home. The person told us a care worker had to be present every time they had a bath because they were unsteady on their feet. There was no completed risk assessment in the person's care plan located in their home. We brought this to the attention of the registered manager who said this would be immediately addressed. During our visit the registered manager sent us the person's completed risk assessment.
- Another person's risk assessment documented the person had asthma and used inhalers due to asthma but did not instruct staff what to do if the person had an asthma attack. Another person's risk assessment contained information which related to someone else. For another person who required hoisting by two care staff, records showed that staff who carried out this task, had not undertaken the relevant training to be able to do so safely.

We found no evidence people were harmed. However, people were at risk of potential harm because risk assessments did not accurately capture risks, have appropriate control measures to mitigate risks, were not checked for accuracy and staff did not receive relevant training to prevent risks. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We found the provider had inadequate recruitment processes in place. People were placed at risk as the provider failed to carry out all the required pre-employment checks to ensure staff had the right skills and attributes to work with people. At our previous inspection there had also been some gaps in staff recruitment records.
- The provider did not routinely carry out criminal record checks on staff prior to them working with people. One member of staff had been working with people for six months prior to a criminal record check being carried out. A further two members of staff had been working with people without any criminal record checks in place. The service had identified another staff member's criminal record was old and needed to be renewed in line with best practice but no action was taken to address this. This meant the provider did not ensure people were protected from staff who may not be suitable to work with people.
- We found the names of two members of staff who were not documented as employed members of staff but had signed care records to confirm they had delivered care and support to people. People we spoke

with confirmed they had recently received care from one of the staff members. A relative commented, "[Name of care worker] is disinclined to learn, they have a, 'not bothered' attitude. I'm happiest when they stick to being a chauffeur. [Name of care worker] is not as positive a character as the rest of them." We spoke about this with the registered manager who confirmed both staff had worked for the service, but had left some time ago. However, this did not support what we had found in peoples' daily care records and what people had told us. We asked the registered manager for recruitment records for both staff, but they were unable to produce these. By the end of our visit, the registered manager informed us there were no recruitment papers and no essential checks had been undertaken for the two staff members.

We found no evidence that people had been harmed however, inadequate recruitment procedures placed people at the risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager had ineffective systems in place to ensure people received the support they expected. People told us care staff did not always stay the amount of time they were expecting. A relative commented, "The morning call, it is always cut short by around half an hour and we are still charged for the full hour." We asked the registered manager how they were assured staff stayed for the duration of calls, they commented, "We use to check this but we don't anymore. As we are a small company all the care workers know they have to spend the amount of time they need to."

Using medicines safely

● The service did not follow national guidance and best practice about managing medicines. The provider's own medicine policies and procedures were also not followed. Some staff were not suitably trained and competent to administer prescribed medicines.

● The provider's medicines policy and procedure stated staff were not permitted to administer medicines from 'a container not assembled by a pharmacist, hospital or a dispensing doctor's practice.' During a home visit, we noted a family member collected a person's medicines and placed them into a dosset box. The dosset box was not labelled and there was no way to determine if the medicine administered by staff was in accordance with any prescriber instructions and given at suitable times.

●We noted the person's risk assessment stated there was a specific medicine that if not administered or missed could have a serious impact on the person's health. However, as all the medicines were unlabelled in the dosset box, there was no indication what this medicine was or what it looked like. Daily records showed staff had administered medicine to the person but there was no completed medicine administration record (MAR) in the person's care plan, to support this.

● MAR charts viewed did not provide information about people's allergies and were not signed by staff who administered medicines. Where people received 'as and when required' medicines (these are medicines people take only when they need them, such as pain relief), there were no protocols in place to show staff when those medicines should be administered. A person's MAR chart included handwritten 'as and when required' medicines, it did not document the dosage, frequency and the number of tablets to be given.

● When viewing MAR charts, we were not able to establish which staff had administered people's medicines, as there was no place for staff to sign to confirm they had carried out this task. We spoke with the registered manager about this and in response they sent us a revised and updated MAR chart. However, apart from adding a section where allergies could be documented, the registered manager failed to address any of the other concerns we had raised.

● We looked at the records of a member of staff who was responsible for the administration of medicines. We saw the staff member had not received training to carry out this task. Despite this, the registered manager still carried out a medicine competency assessment on the member of staff. At our previous inspection, medicine competency assessments were not being carried out.

We found no evidence people had been harmed however, unsafe medicine administration practices placed people at the risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● People were not routinely and consistently protected from the risk of abuse. Staff had received online training on the topic of safeguarding people from abuse. However, they were unable to demonstrate what they had learnt or remember the training. One member of staff told us, "I think I have done that."

● A safeguarding policy was in place which showed the forms of abuse people could experience and what staff should do if they suspected abuse had happened. However, the policy made no reference to local safeguarding arrangements to make sure that allegations were investigated internally or externally. We noted local authorities' safeguarding teams contact details were not documented.

● The registered manager did not keep a record of safeguarding incidents and was therefore unable to analysis any patterns or trends for potential abuse.

We found no evidence that people were harmed. However, systems in place to protect people from abuse were ineffective because staff did not have access to current guidance for raising and responding to concerns of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong.

● Accidents and incidents had been documented and showed they were responded to appropriately. However, there was no records to show what the service had learnt when they had happened to improve practice and reduce the likelihood of incidents reoccurring.

Preventing and controlling infection

● People and relatives said they felt safe from infection. Comments included, "The carer is particularly good at wearing her gloves and aprons, she even wears overshoes", 'All the waste gets double bagged and then it goes in the usual rubbish' and "Every time they (staff) put on gloves, they would change them regularly. They also cover their shoes."

● Staff had completed online training on how to prevent the risk of infections and had access to personal protective equipment such as gloves and aprons.

Inadequate

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People did not have their needs routinely assessed prior to being supported by the service. The provider used an 'enquiry form' to record initial details about people and what support they needed. However, this did not consistently record people's life histories, social, emotional or cultural needs to ensure that personalised care was provided from the time they started using the service. The registered manager informed us the form was destroyed once a care plan had been created.
- We received conflicting evidence from the registered manager about the type of assessment completed for people. Initially we were informed people had a full assessment of their needs completed. However, when we asked to look at an example of this, the registered manager told us they had only completed a 'brief assessment' for the people they were supporting. The brief assessment together with other care plan documentation did not contain adequate information for staff to provide safe care. For instance, documentation did not routinely clearly identify people's medical conditions. We discussed our findings with the registered manager. They told us information was not always written down and 'full' assessments were completed when, "We know people a lot better." This meant the service could not be assured they were able to meet people's needs when they commenced with the service.
- People and their relatives told us they had been visited by the service prior to care commencing and said an assessment had been completed. However, we saw no written notes of meetings to confirm what people had told us. The registered manager could not provide us with this information during or after our visit.

Assessments undertaken by the service did not adequately capture people's needs and preferences. This is a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014

Staff support: induction, training, skills and experience

- People were not routinely and consistently supported by staff who had been equipped with the right skills and knowledge to work with people. The provider had failed to ensure staff were provided with appropriate training and support for the role they were expected to undertake.
- People who required assistance with moving and handling were put at risk as staff were not appropriately trained to support people with these tasks.
- A member of staff told us they provided regular support to a person who required two staff to assist them and used a hoist. The member of staff had been employed since March 2019 and had not received any training to enable them to carry out this task safely and had no experience of using hoist equipment.
- Training records showed no staff had received manual handling training in the last 12 months. The

provider's staff risk assessment stated, 'Manual handling training is mandatory'. It is industry wide recognised good practice this training should be offered at least once annually (Skills for Care). We discussed our concerns with the registered manager who told us "I have let the training go this year." The registered manager explained it was financial challenges that had prevented them from addressing staff's training needs. This was supported by the training matrix which showed staff's training was out of date. This meant people received care and support from staff who were not appropriately trained.

● A staff member was supporting people with the administration of medicines. They had not received training from a suitably qualified person. The registered manager had provided a training session to the member of staff. However, the registered manager had not received any training on how to teach the subject.

● Another member of staff was employed as a care co-ordinator. The role involved the assessment of need for people being referred for support. The member of staff had not received any training on how to assess people's needs. We discussed this with the registered manager. They told us "He hasn't had any training, he learnt from joint visits with the social workers."

● Another member of staff told us they could not remember all the training they had received. However, they went on to tell us they had completed some online training. There were no systems in place to check staff's knowledge on training they had received. Staff were inducted and supervised but this was not effective as their training needs were not considered.

People received care and support from staff who were not appropriately trained and therefore we could not be assured people's needs were being met effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The registered manager and staff were unable to demonstrate their understanding of the MCA and how they would support people to make choices about their care and support to ensure their rights were protected.

● Consent to care was not sought in line with the principles of the MCA. We noted the relative of one person had signed to give consent for the service to provide care on behalf of their family member however, there was no information to suggest the person was unable to give consent themselves and no information to demonstrate the relative had legal authority to act on their family member's behalf. We spoke with the registered manager about this who told us it was because the person was visually impaired. The registered manager did not consider the person was still able to give verbal consent.

●Best interest decision meetings did not happen where people lacked capacity to give consent for specific decisions and whose relatives did not have legal powers to act on their behalf.

● The service's medicine policy stated where people lacked the capacity to give consent for assistance with

medicine, a mental capacity assessment would be carried out by management. We looked at the care record for a person who was living with dementia and who had received support with medicine administration. No mental capacity assessment had been undertaken to determine if the person could make this decision. This meant valid consent was not obtained by people and decision making was undertaken by relatives who were not legally authorised to do so.

The service was not working in line with the MCA as required and there was a risk that people's rights were not being protected. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014

Supporting people to eat and drink enough to maintain a balanced diet

● People told us they were supported with their meals as required. One person told us "They (staff) come and do a meal for us both." Other comments included "I do most of the food but they (staff) will step in and help if I am going to be out" and "If it's the regular girls (staff) then they will really encourage her and will actually feed her which she seems to like."

● Where people required support with their hydration and nutrition this was recorded. Where people had specific dietary needs, staff were given additional guidance. For instance, if people needed to limit the amount of sugar intake, one person's file stated, "Refer to the food advisory note in the section of the care plan named 'nutritional and hydration', for a list of recommended foods."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People told us they were supported to maintain their health. A relative told us "They (staff) are aware of the medical conditions he has and that he has to eat the right things and be careful." Another relative told us "I had called the doctor one day and when the carer arrived he advised me that the situation was more serious, and I should call an ambulance. I did, and I feel that saved him."

● We found the service worked with external healthcare professionals when required. For instance, people were referred to the district nursing team when concerns were noted about people.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated in a dignified manner. For instance, a relative told us their family member's dignity was affected as they were unable to be supported with effective elimination. They told us "It's so undignified for her." The relative said they spoke with management about this, but the situation had not changed.
- Staff training records showed staff did not receive training in equality and diversity to ensure they respected people's differences and took this into account when meeting people's individual needs.
- Care plan summaries detailed people's life stories, medical conditions, religious beliefs and cultural needs. For instance, we noted information about people's family background and the people important to them, emotional needs, people's religious preference and practices. This would enable staff to provide person-centred care to people.
- People and relatives were positive about the caring nature of staff and felt staff understood and met their care and support needs.
- Examples of how staff demonstrated care included, "I can't fault our carer. Mum is very nervous and she (staff) has got to understand her and how to make her feel at ease" and "It's the way they speak to [name of person], they (staff) make him laugh". A person commented, "They (staff) know us so well."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives said they were involved in decisions about their care. Care records instructed staff to encourage people to make choices. For instance, staff were instructed to encourage people to make choices regarding what to wear and eat.

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt their dignity and privacy was maintained. A relative commented, "They do treat him (family member) in a dignified way when providing care."
- Care records documented the way people preferred to be addressed and how staff should make sure they were treated with respect and dignity when delivering care and support.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, End of life care and support.

- Assessments of people's care and support needs and preferences did not consider specific conditions that could result in poor outcomes such as dementia. There was no information in care plans about how to support people in a way that took this into consideration.
- Reviews of people's care needs and identified risks were not regularly undertaken to ensure the care delivered met people's care and support needs.
- At the time of the inspection the service was not supporting any one with end of life care needs and staff had not received any training in end of life care support.

The service failed to ensure the delivery of care was personalised to meet people's individual needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives talked about the responsiveness of staff. Comments included, "They (staff) are very good about checking his urine to know about any infection, very thorough" and "If creams are running out then the carer tells me, and I re-order them. They(staff) don't just let things run out."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy dated February 2017, this was not followed by the registered manager. Some people told us they did not feel confident raising concerns. Comments included "They don't take criticism", "They become offended or deny that something has happened", "I feel unable to complain because it is a family business" and "If the call in the morning is late then that puts the whole day out. I have told them about this, but it still happens."
- When discussing how difficult it was to raise a complaint with management, a relative commented, "Talking to (registered manager) about even small issues is a real problem as they defend their family members. (Registered manager) made me feel that I was attacking them." We discussed the feedback with the registered manager, but they provided no comment on the feedback received.
- We checked to see whether complaints people had told us about during our visit had been documented by the service. We found no records that related to the specific concerns we were told about, and the registered manager confirmed they had not been documented.
- Where complaints had been documented, records were incomplete. There was no clear indication as to how the complaints had been investigated or resolved.

The provider failed to respond to complaints about the service appropriately. This was a breach of

regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff we spoke with demonstrated a good understanding of how they would communicate with people. For instance, one member of staff told us "Sometimes I write things down."
- One person did not speak English. The registered manager told us staff had learnt a few phases to be able to communicate with them in their preferred language.
- Care records documented people's communication needs and how they should be supported.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● We found ineffective quality assurance systems in place, compromised the quality and safety of people who used the service.

● Audits undertaken by the registered manager were ineffective as issues identified during this visit were not addressed. For instance, we looked at the recruitment record for a member of staff and found their criminal record check was old and needed to be renewed in line with best practice. Audits undertaken of the staff member's staff record from 8 September 2017 to July 2019 showed the registered manager was aware of it but no action was taken to address this. At the time of our visit, the person's criminal record still had not been updated to ensure they remained suitable to work with people.

●In addition, we found poor risk management, unsafe medicine management, staff who were not appropriately trained to support people safely, non-compliance with MCA, poor assessments and a lack of reviews to ensure care plans and risk management plans continued to meet people's needs. None of these issues had been identified or addressed by the registered manager. This meant governance systems were inadequate and did not protect people from unsafe or inappropriate care.

● The last recorded audits were undertaken in July 2019. At the time of our visit the registered manager had not audited care records, safeguarding incidents, complaints, accidents and incidents, medicine administration records. There was no documentation available during, or provided to us after our visit, to show spot checks had been undertaken. This meant we could not be assured that regular quality monitoring took place to address any shortfalls and improve the service provided.

● Where quality monitoring was undertaken, the service used 'quality management records' to identify any issues such as incomplete documentation and incorrect details in care plans. However, there was no evidence to demonstrate any of these issues were followed up and no analysis to pick up on any patterns or trends. Throughout our visit we saw records relating to the care and management that were of the service were incomplete, illegible, inaccurate and not up to date. Examples of this included MAR charts, enquiry forms, care plan summaries, brief risk assessments and staff recruitment records. There was a culture of 'copying and pasting' information which resulted in information about people being mixed with information about other people. This meant the service failed to maintain accurate complete and contemporaneous records in respect of people who used the service.

Quality monitoring systems were ineffective and therefore we could not be assured improvements to the service could be achieved where required. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014

● Combined care was provided for a married couple even though their care and support needs were different. The couple had separate care plans and risks assessments and their allocated times were different. We noted they had been invoiced jointly but the invoices only showed the allocated times for one

person and did not accurately reflect the hours charged for both persons. The provider's lack of effective systems for invoicing care fees meant people were not always given accurate information about the cost of their care. This was a breach of Regulations 19 (Fees) of the Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People and relatives gave mixed feedback about the service. Some described the service as supportive, caring and said they had developed good relationships with the management and staff. Whilst others felt deterred from raising complaints. A relative commented, "I feel unable to complain because it is a family business."

● Staff felt the service was inclusive and felt this was because it was a family business. They told us they could go to the registered manager with any concerns. A staff member described the registered manager as, "Firm but fair."

Continuous learning and improving care

● There was no documentation to show there was a culture of learning in the service and rather than improvements in care we found a deterioration in the quality assurances systems.

How the provider understands and acts on the duty of candour.

● The service had a duty of candour policy (DoC) in place.

● Management were familiar with the requirements of the DoC and how it should be applied. Accidents and incidents viewed showed the DoC was considered but was not applicable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and relatives said they were not asked to complete any surveys but felt their feedback was sought on a continual basis through their regular care workers. However, management systems failed to assess people's feedback in a way that sought to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 Registration Regulations 2009 Fees People were not always given accurate information about the cost of their care. Regulation (19) (1)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Assessments undertaken by the service did not adequately capture people's needs and preferences. The service failed to ensure the delivery of care was personalised to meet people's individual needs. Regulation (9) (1), (3) (a).

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service was not working in line with the MCA as required and there was a risk that people's rights were not being protected. Regulation (11) (1).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

People were at risk of potential harm because risk assessments did not accurately capture risks, have appropriate control measures to mitigate risks, were not checked for accuracy and staff did not receive relevant training to prevent risks.

Unsafe medicine administration practices placed people at the risk of harm.

Regulation (12) (2) (b) (g)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment systems in place to protect people from abuse were ineffective because staff did not have access to current guidance for raising and responding to concerns of abuse. Regulation (13) (1), (2), (3).

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider failed to respond to complaints about the service appropriately. Regulation (16) (1), (2).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were ineffective and therefore we could not be assured improvements to the service could be achieved where required. Regulation 17 (1), (2) (a), (c), (f).

Regulated activity	Regulation

Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Inadequate recruitment procedures in place placed people at the risk of harm. Regulation 19 (1) (a), (b), (c).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People received care and support from staff who were not appropriately trained and therefore we could not be assured people's needs were being met effectively. Regulation 18 (2), (a)